PAIGN DISCLOSURE (Reset Form)

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FORM	
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Rev. 04/2009)	Organization
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## FOR INSTRUCTIONS SEE BACK OF FORM This Form to be filed for each:

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am filing this form to use the shorter "paid for by" affects to	on. The committee will <u>not</u> be crossing the \$750 threshold.* This form must be
filed prior to the distribution or posting of the political material.	on. The committee will not be crossing the case in
The political material.	this form must be
Amended form updating any previously filed information inc	The state of the s
7 Francisco incomplete information inc	cluding Date of Flection and Vanco
If the committee crosses the threshold a DR 1 State	cluding Date of Election and Year Standing for Election.  ation must be filed within 10 days of the committee's accepting contributions, making the committee will be required to file campaign disclosure reports.
expenditures, or incurring indebtedness exceeding \$750. In addition, the	ation must be filed within to
addition, th	he committee will be required by of the committee's accepting contribute
	to file campaign disclosure reports making
COMMITTEE NAME     (A	
(A candidate's committee must include	e the candidate
COMMITTEE NAME   (A candidate's committee must include OUR KIDS - OUR FUTCH IMPORTANT: Indicate type of committee.	AR Callologie's last name in the name of the committee)
the state type of committee are	
(1)Statewide/Legislative/Judge Standing for Petering for:	
(1) Statewide/Legislative/Judge Standing for Retention Candidate (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision PAC (11) Local E	(2) Statewide PAC (3) State Party (4) County Central Committee per Political Subdivision Candidate (8) County PAC (9) City PAC Ballot Issue (including committee involved in multiple city/county ballot issues)  CANDIDATE (mandaton) averaged (1)
or Other Political Subdivision PAC	er Political Subdivision Canada (4) County Central Committee
COMMITTEE CHAIR	Ballot Issue (including compile (8) County PAC (9) City PAC
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Name 1 1 A	CANDIDATE (mandatane
DRV 10 bl 41C:	accept for a non-candidate committee
Mailing Address 1 1/00	Name + +
VAUD 327	
City. State 1 7in Code 1	Mailing Address ↓ ↓
City. State 5 Zip Code 1 TOWA 52649  Phone (3/9) 2 58-14/0	CONTRACTOR OF THE CONTRACTOR O
Phone (3/9) 258-14/8	City. State ↓ ↓ Zip Code ↓ ↓
0 1 76 9	
e-Mail cochelman egmail. com	Phone ( )
comerman egmail com	
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Comment or description:	dvocate for/against candidate(s) Advocate for ballot issue(s)
INDICATE PURPOSE OF COMMITTEE - Check One Box Add	dvocate for/against candidate(s) Advocate for ballot issue(s)  Advocate against ballot issue(s)
All Candidates Enter: Office Sought:	against ballot issue(s)
All Candidates Enter: Office Sought:	County/Local Candida
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